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PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 549222000101	
Application Number	08/977,846	Filed	November 25, 1997
For METHOD AND SYSTEM FOR INFORMATION DISSEMINATION WITH USER MENU INTERFACE (AS AMENDED)			
Art Unit	3629	Examiner	T. Dixon
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$2160	\$1080
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u>. <small>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</small></p>			
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>33,003</u></p>			
		February 23, 2005	
Signature		Date	
Norman R. Klivans Typed or printed name		(650) 813-5850 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			